

Application Data Sheet

Application Information

Application Type::	Provisional
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A DEFIBRILLATOR DEVICE
Attorney Docket Number::	3003-1130
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: KEVIN
Middle Name:: J
Family Name:: HERBERT
City of Residence:: GLOUCESTERSHIRE
State or Province of
Residence::
Country of Residence:: UNITED KINGDOM
Street of Mailing 34 SPRINGBANK GROVE
Address:: CHELTENHAM
City of Mailing Address:: GLOUCESTERSHIRE
State or Province of Mailing Address::
Country of Mailing Address:: UNITED KINGDOM
Postal or Zip Code of Mailing Address:: GL51 OPQ

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: DESMOND
Middle Name:: B
Family Name:: MILLS
City of Residence:: GLOUCESTERSHIRE
State or Province of
Residence::
Country of Residence:: UNITED KINGDOM
Street of Mailing 93 PITTVILLE LAWN
Address:: CHELTENHAM
City of Mailing Address:: GLOUCESTERSHIRE
State or Province of Mailing Address::
Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: GL52 2BP

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::